



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

07 FEB -2 A11 :37

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
TAIA	VERNON	K.	536-5454
MAILING ADDRESS (Street)			FAX
HONOLULU	HI	96813	528-2629
(City)	(State)	(Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			
1109 BETHEL ST.			TELEPHONE
			(SAME)
MAILING ADDRESS (Street)			FAX
HONOLULU	HI	96813	(SAME)
(City)	(State)	(Zip Code)	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
PLUMBERS & FITTERS UNION LOCAL 675	(SAME)
MAILING ADDRESS (Street)	FAX
(SAME)	
(City)	(State) (Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
COLLEEN KALHANE	
MAILING ADDRESS (Street)	FAX
(SAME AS ABOVE)	
(City)	(State) (Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Marion K. Tala</u>	<u>2/1/07</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<u>Herbert S K Kaopua Sr</u>	<u>Business Manager</u>
NAME OF ORGANIZATION (if applicable)	TELEPHONE
<u>Plumbers & Fitters Union Loc 675</u>	<u>536-5454</u>
MAILING ADDRESS (Street)	FAX
<u>1109 Bethel Street - Lower Level</u>	<u>528-2629</u>
(City)	(State)
<u>Honolulu</u>	<u>HI</u>
(Zip Code)	
<u>96813</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u>H Kaopua</u>	<u>2/1/07</u>
(Signature of Authorizing Officer or Person Represented)	(Date)